

Applicant:

Thank you for your interest in employment with the County of Macomb.

You must have a completed/signed application on file with the Human Resources Department in order to be considered for employment. You may submit a resume to enhance your application if desired. Upon submission of your application, you must provide proof of your highest level of education completed, such as a Diploma, GED, or Degree, in addition to any professional license and/or certification earned. Your application will not be accepted or considered active without this documentation. **NOTE: Applications returned via e-mail or fax will not be accepted.** Once your application is active, it will remain on file for one (1) year.

You may call our 24-hour job hot-line at (586) 469-5284 or visit [www.macombcountymi.gov/humanresources](http://www.macombcountymi.gov/humanresources) to learn about current job openings and recently filled positions. It is your responsibility to call the Human Resources Department's job hotline, apply in person or send a letter of interest via e-mail to [human.resources@macombcountymi.gov](mailto:human.resources@macombcountymi.gov) or by fax to (586) 469-6974 when applying for current positions. Macomb County job postings are generally posted for 10 working days.

In addition, when applying for a clerical position, please be sure you have a current passing score on any required test by the closing date of the posted position. It is your responsibility to make sure you have met the testing requirements when applying for a clerical position. Test results remain current for one (1) year from the test date. To make an appointment for a general clerical and/or typing test call the Human Resources Department at (586) 469-5280.

If you have any questions, feel free to call the Human Resources Department at (586) 469-5280.

**County of Macomb**  
**APPLICATION FOR EMPLOYMENT**  
*Equal Opportunity Employer*

**Human Resources Department**  
 10 North Main Street, 4<sup>th</sup> Floor  
 Mount Clemens , MI 48043  
 (586) 469-5280

**-PLEASE TYPE OR NEATLY PRINT IN BLUE INK ALL RESPONSES IN THIS APPLICATION-**

Last Name	First	Middle Initial	Social Security Number	Position(s) Applied For:
				1.
Present Street Address (include mailing address if different)			Home Telephone (     )	2.
City	State	Zip	Alternative Phone Number (     )	3.

**TO ALL APPLICANTS:**

Macomb County does not discriminate on the basis of disability in the admission or access to or treatment or employment in its programs or activities. An individual needing assistance or auxiliary aids in completing this application or any testing may list the aids needed or discuss them with the Human Resources Department. Resumes may be submitted, but not substituted for this application for employment.

**EDUCATION: UPON SUBMISSION, YOU MUST PROVIDE PROOF OF YOUR HIGHEST LEVEL OF EDUCATION COMPLETED, SUCH AS DIPLOMA, GED, OR DEGREE IN ADDITION TO ANY PROFESSIONAL LICENSE AND/OR CERTIFICATION EARNED.**

NAME OF HIGH SCHOOL, COLLEGE, TRADE OR TECHNICAL SCHOOL	CITY, STATE	INDICATE MAJOR AND MINOR COURSE EMPHASIS	DID YOU GRADUATE?	INDICATE DIPLOMA, GED, DEGREE, LICENSE OR CERTIFICATION RECEIVED

<p>Have you ever been an employee of the County of Macomb or are you currently employed by the County?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, indicate the name(s) under which you have been employed with the County.</p> <p>Name(s) _____</p>	<p>What kind of work schedule are you available for at this time:</p> <p style="text-align: center;"> <input type="checkbox"/> Full-time            <input type="checkbox"/> Part-time            <input type="checkbox"/> Temporary/Seasonal            <input type="checkbox"/> On-call       </p> <hr/> <div style="display: flex;"> <div style="flex: 1; padding-right: 10px;"> <p>Would you be available to work holidays and/or weekends if required by your position?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No (explain)         </p> </div> <div style="flex: 1;"> <p>What is your shift preference, if applicable?</p> <p style="text-align: center;"> <input type="checkbox"/> Day  <input type="checkbox"/> Afternoon  <input type="checkbox"/> Midnight         </p> </div> </div>
--	---

<p>Are you currently authorized to work in the United States (U.S. Citizen or Permanent Resident Alien authorized for employment) ?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>For employment with Macomb County you must be able to verify legal authorization to work.</p>		<p>If the job you are applying for requires driving a vehicle (SEE JOB POSTING), do you possess a valid Driver's License?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	
<p><b>Are you at least 18 years of age?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If under 18 years of age, you must submit a work permit on the start of the first day of employment with Macomb County.</b></p>		<p><b>Have you ever been convicted of a felony?</b> If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will <b>NOT</b> automatically bar you from employment.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>REFERENCES:</b> In the space provided below list the names of three persons living in the United States who are not related to you, preferably persons with whom you have worked, who have knowledge of your qualifications for the position or field for which you are applying. Do not repeat the names of past or present supervisors named in this application.</p>			
<b>Full Name</b>	<b>Complete Business or Home Address</b>	<b>Type of Business or Occupation</b>	<b>Telephone Number</b>
			(      )
			(      )
			(      )
<p><b>In the space provided below, list other pertinent training or skills you have received (in High School, College, U.S. Armed Forces, Workshops or other special courses) such as typing, computer and/or software proficiency, etc</b></p> <p>_____</p> <p>_____</p> <p>_____</p>			

1

<b>WORK EXPERIENCE</b> In the space provided below give a record of all employment. Start with your most recent job and work backwards. <b>*** Indicate the name you used if it is different than that given on this application ***</b>					
Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Full or Part Time?	Describe duties & responsibilities:
		\$	\$		
	Employer Name & Full Mailing Address:				
*Name used					
	Immediate Supervisor Name	Title	Telephone Number ( )		Reason for leaving:

2

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Full or Part Time?	Describe duties & responsibilities:
		\$	\$		
	Employer Name & Full Mailing Address:				
*Name used					
	Immediate Supervisor Name	Title	Telephone Number ( )		Reason for leaving:

3

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Full or Part Time?	Describe duties & responsibilities:
		\$	\$		
	Employer Name & Full Mailing Address:				
* Name used					
	Immediate Supervisor Name	Title	Telephone Number ( )		Reason for leaving:

4

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Full or Part Time?	Describe duties & responsibilities:
		\$	\$		
	Employer Name & Full Mailing Address:				
* Name used					
	Immediate Supervisor Name	Title	Telephone Number ( )		Reason for leaving:

5

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Full or Part Time?	Describe duties & responsibilities:
		\$	\$		
	Employer Name & Full Mailing Address:				
* Name used					
	Immediate Supervisor Name	Title	Telephone Number ( )		Reason for leaving:

**APPLICANT'S STATEMENT  
CERTIFICATION ♦ AUTHORIZATION**

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the County has the right to refuse to hire or subject me to discipline at any time, if it discovers that the information and/or answers that I have provided in this application for employment, including any resume that I may have submitted, are not true, correct and/or complete.
- I hereby authorize the County to verify the answers and information given by me in this application and supporting documentation, and to make any lawful investigation of my employment background it deems necessary. I authorize former employers (except where authorization has not been expressly given), law enforcement organizations, credit bureaus, educational institutions, and references contacted by the County to release any information they have regarding me and the County has no obligation to provide written notice to me. I acknowledge that a facsimile or copy of this Authorization shall be as valid as the original.
- I authorize the County to use the information in its possession concerning me for any lawful purpose it deems appropriate, including disclosure of lawful information to future employers or prospective future employers, without notification to me of such disclosure, and I release the County from any liability in connection with such lawful use or disclosure.
- If I am hired by the County, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the County as they are from time-to-time changed, with or without notice to me. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract.
- I understand that only the Appointing Authority has any capacity to enter into any agreement for employment for any specified time.
- I agree not to commence any action or claim relating to my employment with the County, or this application for employment, more than one year after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.
- I understand that Michigan and/or federal law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation.
- This application for employment shall be considered active for a period of time not to exceed one (1) year from the date this application is signed. At the conclusion of this time, if I have not heard from the County, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.
- I understand that an offer of employment is contingent upon my completion of a pre-employment physical, tuberculosis test and drug and alcohol testing if applicable.
- I have been informed and understand that any offer of employment to a position is contingent upon my ability to perform the essential functions, with or without reasonable accommodation, of the position which I may be offered, as determined by the County.
- If I am hired in a position requiring a Commercial Driver's License, I understand there will be random drug and alcohol testing.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_